

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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**DATE OF REVIEW:**           **MAY 11, 2007**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Placement of an artificial disc at L5.

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

MD, Board Certified in Neurosurgery  
Member of the American College of Surgeons

## **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld                           (Agree)
- Overturned                       (Disagree)
- Partially Overturned       (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Packet of information from the Texas Department of Insurance outlining the carriers' position and denial.
2. Medical Center office notes from Dr. from 1/12/07 to 3/30/07.
3. Dr. office notes through 3/2/07.
4. Discography dated 2/23/07 finding concordant pain at L5 and discordant pain at L3 and L4.

5. Dr. clinic notes through 1/8/07; also at the Orthopedic and Spine Center, apparently, working with Dr.
6. Spine Rehab notes from psychologist from 6/20/06 through 4/13/07.
7. MRI of the thoracic and lumbar spine dated 8/17/06 showing minor disc bulging in the thoracic spine, minor disc bulging in the lumbar spine, not associated with nerve entrapment. Of note, this radiology report differs from Dr.'s interpretation but because it is not unusual for the surgeon to have a different opinion, we will defer to Dr..
8. Cervical Myelography with CT follow through on 4/2/06.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman was involved in an MVA. Apparently, he was in his vehicle parked at a stop light when a truck struck him from behind, knocking him 60 feet. He had no loss of consciousness but immediately suffered both neck and low back pain. In late April of 2006 the patient had a cervical surgery because of the cervical radiculopathy and that has apparently cleared up. What has persisted, however, is significant low back pain. There are incomplete records, however, there are notations discussing epidural injections as well as more sophisticated selected nerve root blocks. It is not clear when that was performed, but according to Dr. the selective nerve root block of the left S1 nerve root gave him substantial functional and symptomatic relief. Because of the persistence of the symptoms, he has moved from an MRI scan which shows only disc bulging at L3, L4 and L5 and would have been interpreted as potential for L5 and S1 root compromise to a discogram which found him to have concordant pain at L5 and disconcordant pain at both L3 and L4. Because of this, the patient has been recommended to have an artificial disc placed at L5.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Multiple physicians have reported that this patient is complaining about back pain, but more importantly, about sciatic pain level 9 out of 10 even on pain medication. Reference the last note sent by the requesting physician, Dr. on 3/30/07 in which the patient states that he is having sciatic pain level 9 out of 10 with medication, he is having chronic pain in his groin which is worse at night. He has a positive straight leg raising sign with pain into the buttock region and his left leg is significantly weaker than the right with flexion extension and adduction and abduction, and he has apparently depressed ankle reflexes on the left. So clearly, Dr. as well as Dr. , the two physicians who have dealt with this patient extensively, feels he is having a

radiculopathy. Quite simply put, an ongoing lumbar radiculopathy is a contraindication to placement of an artificial disc. This is a disqualifying factor for the FDA approval clinical trials and remains so. Previous reviewers have felt that this patient has not had adequate psych examination; however, he has been followed rather closely by a psychologist at Spine Rehab, the latest being 4/13/07.

In sum, the presence of a substantial radiculopathy disqualifies this patient for an arthroplasty. The rationale and basis for this are the FDA guidelines for replacement of artificial disc.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES

- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES**
  - \* **FDA GUIDELINES**